United States Court of Appeals For the First Circuit

No. 06-1962 DC No. 04-cv-12401-RCL

> DEREK JACKSON, Petitioner, Appellant,

> > v.

UNITED STATES, Respondent, Appellee.

ORDER OF COURT Entered: October 18, 2006 Pursuant to 1st Cir. R. 27(d)

This court has docketed appellant's appeal from the denial of his motion to vacate sentence pursuant to 28 U.S.C. § 2255. On October 17, 2006, the district court granted appellant's request for a certificate of appealability with incorporated request to proceed on appeal in forma pauperis. Pursuant to Local Rule 22.1 "[i]f the district court grants a certificate of appealability, it must state which issue or issues satisfy the standard set forth in 28 U.S.C. \$2253 (c)(2)."

We now transmit copies of appellant's request for a certificate of appealability and financial affidavit to the district court and request that it specify as to which issues the certificate was granted and as to whether the appellant is granted to proceed in forma pauperis on appeal. See Local Rule 22.1(b). Copies of the district court's ruling shall be forwarded to this court.

SHATIFIED COPY

HERICAN CERTIFY THIS DOCUMENT IS A HOUR AND CORRECT COPY OF THE CHIGINAL ON FILE IN MY OFFICE AND IN MY LEGAL CUSTODY.

HIST CIRCUIT COURT OF APPEALS

BOSTON, MA

By the Court:

Richard Cushing Donovan, Clerk

MARGARET CARTER

Chief Deputy Clerk

[Certified copy to the Honorable Reginald C. Lindsay, Sarah Thornton, Clerk, USDC and cc: Messrs. Jackson, Feeley, Ms. Chaitowitz

Case 1:04-cv-12401-RCL Document 19 Filed 07/14/2006 Page 1 of 5 UNITED STATES DISTRICT COURT FOR

MASSACHUSETTS

N CLERKS OFFICE

2006 JUL 12 P 3 57

DIRECK JACKSON (PETITIONER)

U.S. DISTRICT COURT DISTRICT OF MASS.

v.

CASE. NO 06-1962

04-12401-12cc

UNITED STATES OF AMERICA
(RESPONDENT)

PETITIONER'S REQUEST FOR CERTIFICATE OF APPEALABILITY

NOW COMES petitioner respectfully requesting to be issued a Certificate Of appealability in order to seek redress from the District Court's judgement.

Jurisdiction of this instant request is invoked pursuant to Tittle 28 USC section 2253, as well as local rule 22.1(b). This request is also timely as it confirms to the time limit specified within the U.S. Court Of Appeals for the First Circuit order, dated b-28-2006.

Petitioner seeks a certificate of appealability so as to present his valid constitutional claim to the U.S. Court Of Appeal For the First Circuit as he believes that he has meritorious issues which were wrongly decided by the district court. Petitioner further contends that he is more likely to prevail on appeal, thus a certificate of appealability shouled be issued in this instant

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As petitioner's attorney Mr.Leo Sorokin admitted his inability to represented petitioner at the sentencing phase of petitioner's criminal proceeding, this constitute ineffectioness on the part of petitioners counsel, which prejudiced petitioner, and has resulted in a Strickland violation. see Strickland v. Washingtion 466, US 668.

Consequently, Petitioner prays that this court grant his request and issue him a certificate of appealability.

Respectfullt submitted,

Derecks Jackson 24039-038

Dated 7-3-2006

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PROOF OF SERVICE

I certify that on 7-\$-2006 (date) I mailed a copy of this brief and all attachments via first class mail to the following parties at the addresses listed below:

Michael J. Sullivan, USA I CourtHouse Way, John Joseph Moakley CourtHouse, Boston 02210

PROOF OF SERVICE FOR INSTITUTIONALIZED OR INCARCERATED LITIGANTS

In addition to the above proof of service all litigants who are currently institutionalized or incarcerated should include the following statement on all documents to be filed with this Court:

I certify that this document was given to prison officials on 7-3-006 (date) for forwarding to the Court of Appeals. I certify under penalty of perjury that the foregoing is true and correct. 28 U.S.C. §1746.

Signature

io Dated: 7-**#-**2006

O:\FORMS\CHKLISTS\Briefs_Appendix\InformalBrief.wpd

DECLARATION IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS

| | Massachuse | | · • • · · · · · · · · · · · · · · · · · | |
|---|---|-----------------------|---|-------------------|
| | | | | |
| Dere | ck Jackson | | | |
| | Petition/Plantiff | | 04.4060 | |
| | | Case Number:_ | 06-1962 | |
| | | | • | |
| | ed States | | | |
| | Respondent(s)/Defendant(s) | | | |
| Dere | ck Jackson | , am the petitions | er/plaintiff in the | abovė |
| | ase. In support of my motion to proceed | | | |
| or give se | ecurify therefore, I state that because of n | y poverty I am unal | ole to pay the co | sts of said |
| oroceedir | ng or to give security therefore, that I beli | eve I am entitled to | redress. | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| declare | that the responses which I have made bel | ow are true. | | |
| | | | | |
| 1. | If you are presently employed, state the | | | |
| | give the name and address of your last | employer. YOU M | USI ANSWER | THIS |
| | QUESTION EVEN IF YOU ARE INC. | ARCEKATED. | | |
| | \$35.00 to \$40.00 F.C.I. | Schulkill P.O. | Box 759. | Minersvill, |
| | Pa 17954-0759 | | | |
| 2. | If you are NOT PRESENTLY EMPOY | ED, state the date of | f last employme | nt and |
| , | amount of the salary per month which | | | |
| | lasted. YOU MUST ANSWER THIS (| QUESTION EVEN I | F YOU ARE | - |
| | INCARCERATED. IF YOU HAVE N | EVER BEEN EMPI | OYED, SAY S | O. |
| | \$25 00 to \$40 00 | | | |
| | \$35.00 to \$40.00 | | | ·- ·- |
| 3 | Have you ever received, within the past | twelve months, any | money from ar | ov of the |
| ٥. | following sources? | | | ., or in o |
| | 1010 Hing bounded. | | | |
| | a. Business, profession, or form of sel | f-employment? | YES | NO_x |
| | b. Rent payments, interest, or dividend | | YES_ | NO_x |
| | c. Pensions, annuities, or life insuranc | | YES_ | NO_x |
| | d. Gifts or inheritances? | ¬ • | YES_ | NO X |
| | e. Any form of public assistance? | | YES | NO X |
| | f. Any other sources? | - | YES_ | NO_X |

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| | money and state the amount received from each during the past months. N/A |
|------------|--|
| | |
| 4. | Do you own any cash or do you have money in a checking or savings account? |
| | YES NO_X (Including any funds in prison accounts) |
| | If the answer is yes, state the total value owned. N/A |
| 5. | Do you own any real estate, stock, bonds, notes, automobiles, or other valuable property (including ordinary household furnishings and clothing)? |
| | YESNO_X |
| | If the answer is yes, describe the property and state its approximate value. |
| | N/A |
| 5. | List the person(s) who are dependent upon you for support, state your relationship those person(s), and indicate how much you contribute toward their support at the present time. 2 Childern (Boys) My sons. \$10.00 each son. |
| ' . | If you live in a rented apartment or other rented building, state how much you pay each month for rent. Do not include rent contributed by other people. N/A |
| | State any special financial circumstances which the court should consider in this application. I am presently incarserated, and I am unable to any court fees. |
| | I understand that a false statement or answer to any questions in this declaration will subject me to the penalties for perjury. |
| | I declare under penalty of perjury that the forgoing is true and correct. |
| | Signed this 10 day of July , 2006. |
| | Delick Jackson |
| | (Signature) |

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Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis

District Court No. <u>04-CV-12401-RCL</u> Appeal No. <u>06-1962</u>

FILED OFFICE

v.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Deteck Jackson

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 8-3 - 2006

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly amount during the past 12 months | | Amount expected next month | |
|---|--|----------------|----------------------------|--------------------------|
| Employment | You \$ 40.00 | Spouse \$ | You \$ 40.00 | Spouse \$_ <i>M/A</i> |
| Self-employment | \$_4/A | \$_N/A_ | \$_N/A_ | \$ N/A |
| Income from real property (such as rental income) | \$_N/A | \$_N/A_ | \$ N/A | S N/A |
| Interest and dividends | S_N/A | \$_ <i>N/A</i> | \$ N/A | s_ <i>u/1</i> |

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| Income source | | Average monthly amount during the past 12 months | | Amount expected next month | |
|---|------------------------------|--|--------------|----------------------------|--|
| Gifts | You \$ | Spouse \$ | You \$ | Spouse \$ | |
| Alimony | \$ <u>0</u> | \$ <u></u> | \$ <u>0</u> | \$ <u>0</u> | |
| Child support | <u>\$</u> | \$ <u>0</u> | \$_ <i>O</i> | <u>\$</u> | |
| Retirement (such as socia security, pensions, annuit insurance | | s | \$ <u> </u> | \$ <u> </u> | |
| Disability (such as social security, insurance payme | S <u>O</u> ents) | <u>\$_ Ø</u> | \$ <u></u> | <u>s</u> | |
| Unemployment payments | s <u>s</u> | \$ <u> </u> | \$ <u> </u> | \$_ <i>(</i>) | |
| Public-assistance (such as welfare) | \$_ <i>O</i> | \$_ <i>O</i> | <u>s</u> | \$ | |
| Other (specify): W/A | _ \$_ <i>@</i> | \$ <u> </u> | <u> </u> | \$ <u></u> | |
| Total Monthly incom | ne: \$ <u>0</u> | \$ <u> </u> | <u>\$</u> | \$_ <i>O</i> | |
| 2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions) Employer Address 759 Dates of Employment Gross monthly pay B.D.P. 7.0 Box 10-2005 440.50 | | | | | |
| | Minersville, 1 17954-0758 | <u> </u> | | | |
| 3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions) | | | | | |
| Employer | Address | Dates of Empl | oyment Gross | monthly pay | |
| NA | N/A | - A/J | <u> </u> | V/A | |

Page 3 of 6 Document 20 Filed 08/07/2006 Case 1:04-cv-12401-RCL N/A \$40.00 4. How much cash do you and your spouse have? \$ Below, state any money you or your spouse have in bank accounts or in any other financial institution. Financial Institution Type of Account Amount you have Amount your spouse has If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account. 5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings. Home (Value) Other real estate (Value) Motor Vehicle #1 (Value) Make & year: Model: Registration#: Motor Vehicle #2 (Value) (Value) (Value) Other assets Other assets Make & year: Model: Registration#: 6. State every person, business, or organization owing you or your spouse money, and the amount owed. Person owing you or your Amount owed to you Amount owed to your spouse spouse money

7. State the persons who rely on you or your spouse for support.

| Name | Relationship | Age |
|-----------------|--------------|-----|
| DERECK TACKSON | 301 | |
| DARKELL JACKSON | 5011 | |
| | | |

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

| Rent or home mortgage payment (include lot rented for mobile home) Are any real estate taxes included? Yes No Is property insurance included? Yes No | You \$/ | Spouse \$_N/A |
|---|------------------|------------------|
| Utilities (electricity, heating fuel, water, sewer, and Telephone) | \$ 100/2.00 | \$ N/1 |
| Home maintenance (repairs and upkeep) | \$_ <i>N/A</i> _ | \$N/A |
| Food | \$ 20 | \$ N/A |
| Clothing | \$ N/A_ | SN/A |
| Laundry and dry-cleaning | \$ 5.00 | \$ N/A |
| Medical and dental expenses | \$_N/A_ | \$ N/A |
| Transportation (not including motor vehicle payments) | 8_N/A | \$ N/A |
| Recreation, entertainment, newspapers, magazines, etc. | S_N/A | S N/A |
| Insurance (not deducted from wages or included in Mortgage payments) | SNA | \$ N/A |
| Homeowner's or renter's | \$_N/A_ | \$_N/A |
| Life | 5_N/A_ | \$ N/A |
| Health | \$ 1.00/2.00 | \$ N/A |
| Motor Vehicle | \$ N/A | s NA |
| Other: NA | \$ N/A | s N/A |
| Taxes (not deducted from wages or included in Mortgage payments)(specify): | \$_N/4_ | \$ N/A |
| Installment payments | \$_N/A_ | \$ N/A |
| Motor Vehicle | 8 N/A | \$ N/A |
| Credit card (name): | s_v/A | \$N/A |
| Department store (name): W/A | s NA | SNA |
| Other: N/A | s_U/A | \$ N/A |

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|--|----------------------------|-------------------------|
| | | |
| Alimony, maintenance, and support paid to others | \$_N/A | s NA |
| Regular expenses for operations of business, profession or farm (attach detailed statement) | n, \$_u/s | s N/A |
| Other (specify): N/A | \$_N/A_ | \$_N/A |
| Total monthly expenses: | s_N/A | \$ N/A |
| 9. Do you expect any major changes to your monthly induring the pext 12 months? ☐ Yes No If yes, describe | come or expenses in your a | ssets or liabilities |
| 10. Have you paid — or will you be paying — an attornate, including the completion of this form? □ Yes ■ | | in connection with this |
| If yes, how much? \$ | | |
| If yes, state the attorney's name, address, and telephone | number: | |
| NA | | |
| / | | |
| 11. Have you paid — or will you be paying — anyone of typist) any money for services in connection with this co □ Yes □ No | | |
| If yes, how much? \$_\mu/A | | |
| If yes, state the person's name, address, and telephone n | umber: | |
| NA | | |
| | | |
| | | |
| 12.Provide any other information that will help explain | | |
| appeal. I want love at F.C.I. | . Schoylkill as | a Hospital order |

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13. State the address of your legal residence.

DERECK JACKSON. F. C. J. Schoy | Y. | |

P. U. BOX 759, Minersville, PA, 17954-0759

Your daytime phone number: (_____) NA

Your age: 34 Your years of schooling: 12.24

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Dereck Jackson #24039-038 F.C.I. Schuylkill P.O. Box 759 Minersville, PA 17954-0259



Case # 04- CR - 12401- KCL

United States District Court
Office of The Clerk
United States CourtHouse
1 CourtHouse Way, suite 2300
Boston, Mass. 02210

Re: Status on Request For C.O.A./ Copy of docket entry on case # 04-CR-12401-RCL.

To whom it may concern I am requesting for a copy of the docket entry on the above case # as mention.

I have also filed a request in your court on 7-24-2006 and 8-23-2006, which was directed to me by the U.S. Court of Appeal For the First Circuit that I request for a certificate of appealability to your court. I have yet to hear from your court on my request that I made on 7-24-2006 and 8-B-2000. I am again making a request for (1) the Certification of Appealability, (2) for a copy of the docket entry on case to 04-CR-12401-RCL.

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Thank you,
Mr. Deteck Jackson

C.C.

9-11-2006